

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

193924

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 276 - F

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Charles D. Williams

Address: 213 Byrd Lane
Florence, S.C 29501

Telephone: (904) 534-9736 or Cell 843-904 413-1177 Home

Fax:

Other:

Email: Chrlwil6@AOL.Com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED
2009 JUL 15 PM 12:33
SC PUBLIC SERVICE
COMMISSION

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXIDATE July 1, 20 08

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Charles D. Williams

2. (a) Street Address of Applicant 213 Byrd Lane, Florence
S.C. 29501

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-413-1177 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

FILED
PSC SC
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: July Year: 2008

Assets:	
Cash	1000.00
Receivables	0
Real Estate	6300.00
Buildings and Equipment-Net	0
Motor Vehicles-Net	500.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	7800.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	149,000.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	149,000.00
Capital Stock	0
Retained Earnings	0
Total Equity	10,000.00
Total Liabilities and Equity	159,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Florence

I, Charles D. Williams, OWNER
(Name of Applicant's Representative) (Title)

of Florence South Carolina, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Florence, S.C.
This the 15th day of July 2008

Kimberly Moses
(Notary Public)

Charles D. Williams
(Signature of Applicant's Representative)

Commission Expires: July 13, 2016

gms

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Charles D. Williams

For the transportation of passengers as follows:

Area to be served: FlorenceNumber of passengers: 5 passengersFares : Zone 1 - \$2.25 + 0.75 each additional passengerZone 2 - \$2.75 + 0.75 each additional passengerZone 3 - \$4.50 + 0.75 each additional passengerDate 1 July 08
ByOWNER

Title

07/01/2008 17:19 8436674528

THE UPS STORE

PAGE 01

PIA03922301

+904-374-9612

864-679-2575

INSURANCE QUOTE

The following insurance quote is for:

Charles Williams

(Name of Motor Carrier)

213 Byrd Lane Florence SC 29506

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$ 3154.00

The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers

-

25,000/50,000/25,000 ✓

8 - 15 passengers

-

25,000/100,000/25,000

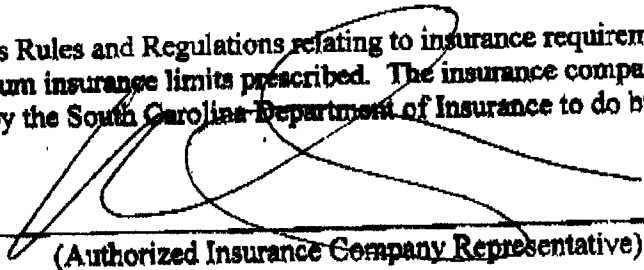
Canal Insurance Company

(Insurance Company Name)

400 E. Stone Ave. Greenville SC 29601

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/2/08
Date
(Authorized Insurance Company Representative)

Rev 5/07